## EDD

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## **GOVERNMENT OF GUAM**

## DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



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The court of the c		TO TELL
E BAZA CALVO GOVERNOR		JAMES W. GILL. DIRECTOR
AY TENORIO ENANT GOVERNOR		LEO G. CASIL DEPUTY DIRECT
	Date:	3/6/2018
Name of Establishment		
As a result of this inspection your establishment received a:	,	
LETTER OF WARNING	24/C	
(De	merit/Grade Points)	
Once you have corrected all violations cited on your written request for re-inspection to include a descript If we do not receive a written re-inspection request f (10) calendar days from the official receipt of this not	on of the corrective measures throm you, we will conduct a follow	nat you have implemented, ow-up inspection after ten

Failure to correct violations may result in the closure of your establishment pursuant to section 21109(b) of 10GCA, Chapter 21.

☐ NOTICE OF CLOSURE (Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. Unlike an establishment who has received a letter of warning, an establishment shall remain closed unless a written request for re-inspection is made. Under 10 GCA Ch. 21 §21109(b), suspension without prior hearing may be imposed until the violation is corrected. You may also request a hearing to the Division of Environmental Health within five (5) calendar days of the date of this notice. When a hearing is requested following a suspension without prior hearing, it shall be discretionary with the Director as to whether the suspension shall be continued pending the hearing.

We look forward to working closely with you as partners in promoting health and sanitary practices on Guam. If you need further assistance, you can reach us at 735-7221 or (fax) 734-5556. Si Yu'us Ma'ase.

Director Lev G as 1

Issued By:

Name of EPHO

123 CHALAN I RETA, MANGILAO, GUAM 96913-6304 671.735.7102 • Fax: 1.671.473.5910

		Department	of Pul	olic H	alth a	nd Social S	ervices		
						ental Health	Demant Sevil	Ţ	1
INSPECTION RSN T	YPE GRADE	Food Esta	DIISN	mer	TARILLES	Spection	Report Page _	of _	_
Regular	オグレー	03,06	7710	14	1000	MENT NAME	V8+		
Follow-up	7241	TIME IN TU	ME OUT	100	MUT HE	LDER	11/2/2		
Complaint -	RATING	11 49 14	:02	IY,	41/4	J. JAH	+ 410K		
nvestigation	7 C I	SANITARY PERM	T NO.	COC	ATION	(Address)			
Other:	$\neg \lor \sqcap$	7770017491	0	llo	12N	IN TEAT	+ 9106 PG. 15 MT. ST. PO	SAT Y	1/
ESTABLISH	MENT TYPE	AREA / TEL	EPHONE	\ No	of Risk	Factor/Intervent		K CATE	_
247011		1 1/8	5/ X7	1			Intervention Violations	K CATE	JUI
7 17 11	OODBORNE I	I NESS PISK	EACT				HEALTH INTERVENTIONS		-
	Circle designate	ed compliance (IN, OUT, N/	O. N/A) for	r each ni	Impered	item Mark "X" is	n appropriate box for COS and/or R.		
iN = in compliance	OUT = Not in compliand	e N/O = Not observed N/	A = Not ap	pplicable	COS =	Corrected on-site	during inspection R = Repeat violation PTS =	= Demerit p	poin
ompliance Statu	8		cos	R PTS	Con	npliance Statu		COS R	
_	The state of the s	vision				Po	otentially Hazardous Food (TCS Food)		
1(IN )PUT	knowledge, and per	resent, demonstrates	1 1	6	16	IN OUT NA NA	O Proper cooking time and temperatures O Proper reheating procedures for hot holding		
	Employe				18	IN OUT WA N	Proper reneating procedures for not holding Proper cooling time and temperatures	_	+
2 IN COUT		ness; policy present		6	19	IN OUT (NE N	Proper hot holding temperatures		+
3 IN OUT	Proper use of report	ting, restriction & exclusion		6		IN OUT NA	Proper cold holding temperatures	X	+
0	Good Hygler				21	IN OUT WA NO	Proper date marking and disposition	7	+
4 (IN) OUT NA N		ng, drinking, betelnut, or		6			Consumer Advisory		
5 (IN) OUT N/A N	tobacco use	eyes, nose, and mouth		-		T			
~	Preventing Contan			6	22	IN OUT NA	Consumer Advisory provided for raw or		
IN OUT NA N				1 6	1 22	III 00 (NA)	undercooked foods		
IN OUT NA N	No bare band center	ct with ready-to-sat foods or		_	1000	C. S. L.	Highly Susceptible Populations		_
U COL ICA	approved alternate n	method properly followed		6	23	IN OUT (VA)	Pasteurized foods used prohibited foods not		T
B IN OUT		ning facilities supplied &		6	23	IN OBI WA	offered	2 1 2	
	accessible	d Course	$\perp$				Chemical		
TUO (MI) e	Approved Food obtained from		-	T 6	24	IN OUT WA	Food additives: approved and properly used		
O OUT N/A				6			Toxic substances properly identified, stored,		+
1 (IN )OUT		ion, safe, and unadulterated		6	25	IN (OUT)	used stored, stored,	XI.	Н
2 IN OUT NA N	Required records av	aliable: shellstock tags,		6		Col	nformance with Approved Procedures	X	_
	parasite destruction	THE RESERVE OF THE PARTY OF THE		1 0	26	IN OUT NA	Compliance with variance, specialized		T
3 IN OUT N/A	Food separated and	A STATE OF THE PARTY OF THE PAR	N/	1 6			process, and HACCP plan		T,
4 (IN) OUT N/A		es: cleaned & sanitized	M	6		Risk factors a	re improper practices or procedures identified as	the most	7
5 IN DUT		returned, previously		6	8	prevalent contri	buting factors of foodborne illness or injury. Public control measures to prevent foodborne illness	lic Health	1
<u> </u>	served, reconditioned		- A		15.10		to control measures to prevent 1000000 lie lilitess	or injury.	1
		GOC	א טע	IAIL	PK	CTICES			
	Good Retail Penetics	s are preventative measure	s to contro	the intri	=Correc	of pathogens, che	micals, and physical objects into foods.		
Mark "X" in box:	Good Retail Practice	n compliance and/or if COS			-Com	ed oursele drinke	inspection R =Repeat violation P15 =Dem		
Mark "X" in box ompliance Status	If numbered item is not i		COS R	IPTS	100111	pliance Status		cosi R	ΤPΊ
ompliance Status	If numbered item is not i	and Water	COS R	IPTS			Proper Use of Utensils	COS R	P
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Department of Public Health and Social Services	
Division of Environmental Health Food Establishment Inspection Report Page 2	
ESTABLISHMENT NAME  HELLO MART  LOCATION (Address)  LOCATION (Address)  LOCATION (Address)  LOCATION (Address)	84 V/
DA OB SANITARY BERMIT NO. PERMIT HOLDER TAKE HYOK	<u> </u>
TEMPERATURE OBSERVATIONS	VE LLE
Item/Location   Temperature (° F)   Item/Location   Temperature	rature (° F)
HAM SMOWIGH/CHILLER BY HELDER 73.5	
COLM GISHI/ CHILLETO " 19.5	
PEEF BULCOGI/CHILLER " 760	
CUT SPAM, SUSHI/CHILLER " 75.5	
TUNA SKNDWICH/CHICLER" 60.0	
CHINESE CARROMSE CHILLER " 49.5	
BADEN A- /44 LIPZ 440	
EGG (-SIFLIA) RAW/CHUGZ LIFO. T	
OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-4	
8-406.11 of the Guam Food Code.	
A REGULAR INSPECTION WAS GINDULTED ON THIS DAY REGARDING	4
COMPLAINT (# 17-090) THAT A STAPLE WAS FOUND IN	
PACKAGED SVISHI. THE COMPLAINT WAS NOT OBSERVED AT THE	7.2
TIME OF INSPECTION.	Ш
THE FOLLOWING VIOLATIONS WORE OBSERVED:	
2 EMPLOYEE HEALTH DOLLY NOT DEVICED.	2/1/18
AN EMPLOYEE HEALTH POLICY SHALL BE PROVIDED TO ENSURE	7/10/1
THE PROPER RESPECTION AND EXCLUSION OF ILL EMPLINES.	
THE TOTAL TOTAL AND SECURION OF THE EINITHINGS.	1000
8 NO LIQUID SOAP OR PAPERTOWELS PRIVIDED AT HANDWASH	2/11/10
CINVO IN THE ADDITE DECEDENTAL PUBLICATION OF COMMON	AIRIX
DECEMBER OFFICE RESTROOM RIGHEN, AND COMMON	
INFAM CONF WID OF POLICE OF PODICION AT	
LIVINI SUAT AND PRAISE TOWNS AND BE POUNDED AT	
AU HAND SINES TO EISURE AU EMPLOYETS THOROUGHLY	
MASH THEIR HANDS.	
	- 350
13 OBSBRUED STORNOT OF PHF (CHICKEN PORK) NEXT TO	COS
BAGGOF THE IN THE FREEZER CASE.	
PHF (CHIBEN) SHAW BE STORED SEPARATELY DROM RIT (ICE)	
TO PREVENT CROSS CONTAMINATION.	
Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing.	ay result in g must be
submitted to the Director within the period of time established in the notice for corrections.  Person in Charge (Print and Sign)	1
MI SOOK YANG Wishale -84 3/00/6	
DEH Inspector (Print and Sign) D-MITHELL BOKOTT Date: 13.0	16.18
Rev: 08.27.15 White: DPHSS/DEH Zeffow: Food Establishment	<u> </u>

	Department of Public Health and So		0
	Division of Environmental Food Establishment Inspe		
ESTABLISH	HMENT NAME LOCATION (Address	35)	OT
HEL	LO MART LOTZ VEN	/ TRACT 9106 PT. 15. MT. ST E	D8/4
03	SPECTION DATE SANITARY PERMIT NO. PERMIT HOLDER	AEHYOK	Aird
ITEM NO.	OBSERVATIONS AND CORRECT	IVE AUTONS	ORRECT BY DATE
Violation	ns cited in this report must be corrected within the time frames		.11 and
7	8-406.11 of the Guam Food ( PHF/TCS FOOD SUCH AS TUNA SANDW)		COS
20	BULGOGI HAD INTERNAL TEMPERATU		W-
	ALL PHE/TGS SHALTS FOR (DID HOU	DING SHALL RE HELD	
	AT 41° F AND BELOW TO PREVENT	THE PAPID GROWTH	
	OF BACTERIA. ANY PHE/TZS FOOD	NOT MEETING PROPER	
	TEMPERATURES SHUL BE DISCARDE	D.	
	*NOTE: OBJERVED TESTATE ABOVE O	STOPED ON COUNTER AND	
	MOVED WITO CHILLER BY EMPLOY	EE BEFORE INTERNAL	
	TENTREPRIUPES WIND BE THE	/V .	
25	ESPABLISHMENT USING UNAUTHORIZE	D POCANDAS MARPINAS	0
<del></del>	IN THE KINCHEN AREA.	(BULK FLAG)	الكيا
	DNLY AUTHORIZED POSDNONS MARE	PLACE SHALL BE USED	
	IN THE ESTABLISHMENT.		
35		OVERJED, THERM DIMETERS ?	3/6/8
	FOR AMPLENT AIR TEMPERATURES !	NOT 1KOVIDED FOR	
	AU FREDERS.	MARCON CIMIL DE	
	DRANDED END ALL CLULTURE ONLY	DONETER SHALL BE	
	PEOPLE COLD HOLDING OF PHE	CPOUC	
	11 31 21 000 41000 110 01 4 117 1		
24	FOOD PRODUCTS SMUH AS SAUSAGE	NOT PROPERLY 3	10/8
	LABETED.		1.20
	ALL POUD MEMS SHALL BE PROPER	Y LABELLED TO EMSURE	
	PER DENDALON.	"	
2-1-10			
2.2			
Based on the i	inspection today, the items listed above identify violations which shall be corrected by the	date specified by the Department. Fallure to comply may	result in
ubmitted to ti	the Suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice Director within the period of time established in the notice for corrections.  arge (Print and Sign)		ust be
	MI SCOK YANG QUES	gele -85 Date: 06/10	
D. M.M.	Print and Sign)  LEAU E.PHOTE TSHMPUEPHOT.	Date: B.W.	8
Rev	v: 08.27.15   White: DPHSS/DEH Yellow: Food Estyle	lishment	

	Department of Public Health and Social Services	
	Division of Environmental Health Food Establishment Inspection Report Page	4 5
ESTABLIS	HMENT NAME (LOCATION (Address)	D( = ) = (
TIEL	LOT 2NEW TRATT 9106 RT. S MT. ST.  SPECTION DATE: BERMIT HOLDER  DERMIT HOLDER	FOXA YUS
05	,06,208 17-0001796 TANG, JAE HYOR	
ITEM NO.	CDULITY (HONO TAILS CONTRECTIVE ACTIONS	CORRECT BY DATE
Violation	ns cited in this report must be corrected within the time frames indicated, or as stated in Sections 8- 8-406.11 of the Guam Food Code.	405.11 and
35	OBSERVED TWO DOGS STORER BY MINISTE MORSINK TE	13/10/18
35.	OBSERVED TWO DOES KEPT IN THE ESTA-PUSHMENT ARCA	
	NEAR THE OUTSIDE MOPSING. WE OBSER VED GORD	
	IN THE EXIT SCREEN TOOKS, AND NO. 16 MESH SCREEN	
_	CIPCEN DOTTES INITIONAL SELECTIONAL DELICES	
	ALLANIMAIS SHALL PET PENNITED FROM ESTABLISHME	
	AREA. ALL EXIT SUPER DOPES SHALL HAVE SELF-CLOS	16
	PENCES AND 16 MESH, AND GAPT SHALL BE SEALED TO	
_	PREVENT ENTRY OF FESTS. SCREEN DOOR TO LOADING	
	ENTRANCE DE PERE ANIMA COUNTY OF PRINCE	1
	FRANCE OF PESS. ANIMALS CHALL BE PEMOVED. FRANCISCOPERATOR PROJECT	
	I FAMESIA DESCRIPTION OF TATIONS	. / .
56	SPURSH GUARDS NOT PROVIDED ON BOTH SIDES OF HAND	31618
	SINE LOCATED NEXT TO THE THREE COMPARTMENT SINK	
	FRIND THE POOL PREP FLUIMPMENT.	
	THE WAND CITY TO DESTRENT CONTRANTAL MONTHS THE	
T	EXAIPMENT.	
	*NOTE - THIS CHOHEN IS NOT ON THE APPROVED FLOOP	
	PLAN SVIBMITTED TO DEPT. OF FUBLICHEALAH.	
	THIS AREA SHALL REMAIN UNIVED WITH	
	FEVISED PUDIC FUAN IS SUBMITTED AND ATTOMEL	
49	AIRGAR ORBACK WATER VALUE NOT PROVIDED FOR	3/16/18
	THEE COMPARTMENT SINK.	1
	AN AIRCAP OF BACKWATER VALUE SHALL BE PROBE	$\mathcal{D}$
	AT THREE COMPARTMENT SINE TO PREVENT SEWAGE	
Based on the	Inspection today, the tems listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply	nay result in
urther regula late.	tory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicate	d correction
	arge (Print and Sign) MI SOOK 1 ANG Wesal \$18 Date: 3/06/	147
PEH Inspecto	Print and Sign)  LATELLE TO STANKE THE TO I Date: B. 9	6-18
	White: DPHSS/DEH Yellow: Food Establishment	

	Department of Public Health and Social Services Division of Environmental Health	
	Food Establishment Inspection Report Page	<u>ک</u> ه د_ک
ESTABLISH	LOCATION (Address) TRACT 4106 RT 15 MEST	208A
N'S	PECTION DATE SANITARY PERMIT NO. PERMIT HOLDER	4140
ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT
Violation	ns cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-4	BY DATE 05.11 and
EN	8-406.11 of the Gyam Food Code.	4 1. 10
70	TOILET PAPER NOT IN PISTENSETR IN BOTH PESTEDOMS.	13/10/1/8
	ENSURE ADEQUARE USE.	
10	COCKDIAN INDITITIONS I ACTUAL CHILL AS TOO BALLE	-l. 10
34	CHALL AND NEW OBOLDS SINCE SUCH IS 105 DWIS,	2119118
	BROKEN DISCORDED ITEMS (HONE PLONER	
	GIORED OUTSIDE BARE WOOD SHELVING USED IN	
1	SMRAGE APEA NEAR KIRHEN EMPRANCE.	
	UNLESTED PETILES SHALL BE PEMOUTH TO ALLOW	
	THUPOUGH OLEANING AND PROJECT THE ATTRACTION	
	TO ALLDING THERON IL CLETAVOLE	
	11 TILLOW ITIGOUGH CUSTIVINO.	
44.	MOP SIME NOT PROVIDED WITH HOT WATER.	3/16/15
	MOPSIAK SHALLBE PROVIDED WITH HOST WATER 18	7118716
	ALION GHOPOUGH CHEANING OF THE ESTABLISHING	7.
= .	PHOTOS Taken	
	Usussed impection report With perbon in charge	
	TRUEST, OF THE TOTAL THE T	
further regula	inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply natory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the Indicated	nay result in d correction
date. Person in Cha	Print and Sign) X YANG Mulpal Sign Date: 3/06	118
DEH Inspecto	The state of the s	ZAV
- J/c  V	White: DPHSS/DEH Yellow: Food Establishment	<u> </u>
	Tellow: FOOD ESTABLISHMENT	